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|--|--|--|--|
| United States Bankruptcy Court for the: Northern District of Illinois Case number (**Norwet: Chapter you are filing under: Chapter 13 | Fill in this information to iden | tify your case: | المستقل المستقل المستقل المتناف المستقل المتناف المستقل المستقل المستقل المستقل المتناف المتنا |
| Case number of Anovers Chapter you are filing under: Chapter 12 Chapter 13 JEFFREY F, ALLSTEADT, CLE Chapter 13 Chapter 13 JEFFREY F, ALLSTEADT, CLE Chapter 13 JEFFREY F, ALLSTEADT, CLE Chapter 13 JEFFREY F, ALLSTEADT, CLE Chapter 12 Chapter 13 JEFFREY F, ALLSTEADT, CLE Chapter 13 JEFFREY F, ALLSTEADT, CLE Chapter 13 JEFFREY F, ALLSTEADT, CLE Chapter 14 Chapter 15 JEFFREY F, ALLSTEADT, CLE Chapter 15 Chapter 16 Chapter 16 Chapter 17 Chapter 17 Chapter 18 Chapter 18 Chapter 19 Chapter 1 | Source of the Control | angen en en en sterne en samme fan en werden fantske in 1992 en 1995 fan 1995. | NORTHERN DISTRICT OF ILLINOIS |
| Case number of Anomany. Chapter 10 Chapter 11 Chapter 12 Chapter 13 Chapter 12 Chapter 13 Chapter 13 Chapter 13 Chapter 13 Chapter 13 Chapter 14 Chapter 13 Chapter 13 Chapter 15 Chapter 15 Chapter 15 Chapter 16 Chapter 16 Chapter 16 Chapter 17 Chapter 17 Chapter 18 Chapter 18 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 Chapter 19 | | for the: | |
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| About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Ariel First name Ben Middle name Yehudah Last name Last name All other names you have used in the last 8 years Include your married or maiden names. All other names. Middle name First name Last name Last name Last name Last name Conly the last 4 digits of your Social Security number or federal Individual Taxpaver Done Town of the same of t | Debtor 2 to distinguish between 2 to distinguish between 3 to distinguish between 1 is a complete and accurate as information. If more space is neighbor 1 if known). Answer every question. | the debtor owns a car. When information is nee them. In joint cases, one of the spouses mus n all of the forms. possible. If two married people are filing toge eded, attach a separate sheet to this form. On | eded about the spouses separately, the form uses <i>Debtor 1</i> and st report information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The |
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| passport). Middle name Yehudah Last name Last name All other names you have used in the last 8 years Include your married or maiden names. Include your married or maiden names. Donly the last 4 digits of your Social Security number or federal large pass of the last 4 digits of your Social Security number or federal large pass of the last 4 digits of your service of the last 4 digits of your social Security number or federal large pass of the last aname identification to your married or maiden name identification to your married or maiden name identification to your married or maiden name identification to your service identification to your married or maiden name identification to your service identification to your service identification to your service identification in the last name identification in the last na | identification (for example, | | First name |
| Bring your picture identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) | | | Middle name |
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| have used in the last 8 years Include your married or maiden names. Middle name Last name First name First name First name Last name Middle name Middle name Middle name Last name Only the last 4 digits of your Social Security number or federal Individual Taxpayer | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| Include your married or maiden names. Last name Last name | | First come | |
| Tast name Last name First name Middle name Last name Only the last 4 digits of your Social Security number or federal Individual Taxpayer Last name Last name xxx - xx - 4 8 3 0 xxx - xx | | riist dame | First name |
| Last name First name Middle name Middle name Last name Conly the last 4 digits of your Social Security number or federal lodividual Taxpayer | | Middle name | Middle name |
| Middle name Last name Last name Conly the last 4 digits of your Social Security xxx - xx - 4 8 3 0 xxx - xx - 4 8 0 xxx - xx - 4 8 0 xx - xx - xx - 4 8 0 xx - xx - xx - 4 8 0 xx - xx - xx - 4 8 0 xx - xx - xx - 4 8 0 xx - xx - xx - 4 0 xx - xx - | mario. | Last name | Last name |
| Conly the last 4 digits of your Social Security | | First name | First name |
| Only the last 4 digits of your Social Security | | Middle name | Middle name |
| Only the last 4 digits of your Social Security | | Last name | Last name |
| number or federal OR OR | | xxx - xx - <u>4</u> <u>8</u> <u>3</u> <u>0</u> | xxx - xx |
| HIMIYIMURI LAADAYRI | | OR | |
| Identification number 9 xx - xx 9 xx - xx | | 9 xx - xx | 9 xx - xx |

3.

| Debtor 1 | Ariel First Name | Ben Middle Name | Yeh | udah | Case number (# known) | |
|----------|---------------------|--------------------|-------|------|---|---------|
| | | 3-22154 | Doc 1 | | Entered 08/07/18 12:17:14 Page 2 of 54 | Desc Ma |

| | | About Debtor 1: | About Date and a second |
|------------|--|---|---|
| | | | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in | I have not used any business names or EII | Ns. |
| | the last 8 years | Business name | Business name |
| | Include trade names and | | |
| | doing business as names | Business name | Business name |
| | | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Dahlan 2 lives at a 1997. |
| | • | | If Debtor 2 lives at a different address: |
| | | 8243 S Clyde | |
| | | Number Street | Number Street |
| | | | |
| | | Chicago IL 60 | |
| | | | 617 Code City State ZIP Code |
| | | - | State ZIP Code |
| | | Cook County | County |
| | | If your mailing address is different from the cabove, fill it in here. Note that the court will ser any notices to you at this mailing address. | If Dehtor 2'e mailing address is different from |
| | | Number Street | Number Street |
| | | | |
| | | P.O. Box | P.O. Box |
| | | City State ZIP | Code City State ZIP Code |
| 3 . | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy | Over the last 180 days before filing this petitic I have lived in this district longer than in any other district. | |
| | | l have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |
| | | | |

6.

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| | | | | | Document | Page | 3 of 54 | |
|-----|-------------------------------------|--|--|---|--|---|--|---|
| (| Debtor 1 | | Ben dle Name | Yehu | <u>idah</u> | | Case number | if known) |
| | | | | | | | | |
| | Part 2: | Tell the Court A | bout Your | Rankrun | tov Cana | | | |
| | 3 | * | | Odniki up | icy case | | | |
| 7 | Bankrı | apter of the optcy Code you posing to file | Check for Bai | one. (For a nkruptcy (F | a brief description of e form 2010)). Also, go t | ach, see No to the top of | tice Required by : page 1 and check | 11 U.S.C. § 342(b) for Individuals Filing the appropriate box. |
| | under | osing to life | ☐ Ch | apter 7 | | | | |
| | | | ☐ Ch | apter 11 | | | | |
| | | | 🔲 Ch | apter 12 | | | | |
| | | | 🗷 Ch | apter 13 | | | | |
| 8. | . How yo | u will pay the fe | loc you subtract you with with App. I need App. I read By less pay | price to pay of the price to pay of the pay | may pay with cash our payment on you inted address. y the fee in installing and individuals to Payment on you intend address. It my fee be waived ge may, but is not really of the official power. | n now your, cashier's r behalf, you ments. If you may equired to, verty line thu choose the cashier's | check, or mone our attorney may but choose this of Fee in Installm. request this opwaive your fee, at applies to you is option, your installments of the control of the co | heck with the clerk's office in your ally, if you are paying the fee yorder. If your attorney is pay with a credit card or check option, sign and attach the ents (Official Form 103A). In and may do so only if your income is our family size and you are unable to must fill out the Application to Have the with your petition. |
| 9. | Have yo | u filed for | ☑ No | | | | | |
| | bankrup last 8 ye | tcy within the | | District _ | | When | | |
| | | | · · • • | | | Assies | MM / DD / YYYY | Case number |
| | | | | District | | When | MAL (DD 1)000 | Case number |
| | | | | District | | When | וווווופט (אאואו | |
| | | | | *************************************** | | | MM / DD / YYYY | Case number |
| 10. | Are any | bankruptcy | ☑ No | | | | | |
| | | ending or being a spouse who is | | Debtor | | | | |
| | not filing | this case with | | | | | | Relationship to you |
| | you, or t partner, affiliate? | | | | | vviien | MM / DD / YYYY | Case number, if known |
| | | | | Debtor | | | | Relationship to you |
| | | | | | | | | Case number, if known |
| | | | | | | | MM / DD / YYYY | |
| 11, | Do you re | | ☐ No. | Go to line | 12. | | | |
| | residenc | 9 (| Yes. | | landlord obtained an e | viction judgr | nent against you? | , |
| | | | | 🗷 No. Go | o to line 12. | | | |

part of this bankruptcy petition.

Tes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as

Case 18-22154 Doc 1 Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main Page 4 of 54 Document Ben Ariel Yehudah Case number (if known) Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Number Street If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it 13. Are you filing under can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your Chapter 11 of the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if **Bankruptcy Code and** any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? 2 No. I am not filing under Chapter 11. For a definition of small No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in business debtor, see 11 U.S.C. § 101(51D). the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

Part 4:

Debtor 1

Part 3:

LLC.

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

Ø

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| | | *************************************** | | | | |
|-----|---------------------------|---|------------------|------|---------------------------------------|-------------|
| | | Number | Street | | · · · · · · · · · · · · · · · · · · · | ****** |
| | Where is the property? | | Street | | | |
| | | | _ | | | |
| | If immediate attention is | s needed, w | hy is it needed? | | | |
| | | | | | | |
| es. | What is the hazard? | Marketon | | | | |
| Vo | | | | | | |

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Debtor 1

Ariel

Ben

<u>Yehudah</u>

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1 |
|-----------------------|
|-----------------------|

You must check one

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement,

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| _ | I i am not required to receive a briefing a | about |
|---|---|-------|
| | credit counseling because of: | |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before ! filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-22154 Doc 1 Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main Document Page 6 of 54

Debtor 1

| A | rie | el |
|---|-----|----|
| | | |

Ben Middle Name

Yehudah Last Name

Case number (if known)_

| 16. What kind of debts do | 16a. Are your debts prima | arily consumer debts? Consumer de ual primarily for a personal, family, or ho | ebts are defined in 11 U.S.C. § 101(8) | | |
|---|--|--|---|--|--|
| you have? | No. Go to line 16b. Yes. Go to line 17. | ear primarily for a personal, family, or no | usenoia purpose." | | |
| | 16b. Are your debts prima money for a business or i | arily business debts? Business debt. nvestment or through the operation of th | s are debts that you incurred to obtain | | |
| | No. Go to line 16c. Yes. Go to line 17. | • | - Seemed of invediment. | | |
| | 16c. State the type of debts yo | u owe that are not consumer debts or bu | usiness debts. | | |
| 17. Are you filing under Chapter 7? | ☑ No. I am not filing under C | hapter 7. Go to line 18. | P-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | |
| Do you estimate that after any exempt property is | Yes. I am filing under Chap administrative expense | ter 7. Do you estimate that after any exe es are paid that funds will be available to | mpt property is excluded and distribute to unsecured creditors? | | |
| excluded and | □ No | | | | |
| administrative expenses are paid that funds will be available for distribution to unsecured creditors? | - | | | | |
| 8. How many creditors do | 2 1-49 | 1,000-5,000 | 25,001-50,000 | | |
| you estimate that you owe? | 50-99 | 5,001-10,000 | 5 0,001-100,000 | | |
| Owe: | ☐ 100-199 ☐ 200-999 | 10,001-25,000 | ☐ More than 100,000 | | |
| 9. How much do you | 2 \$0-\$50,000 | □ \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | |
| estimate your assets to be worth? | \$50,001-\$100,000 | 310,000,001-\$50 million | \$1,000,000,001-\$10 billion | | |
| be wordi: | \$100,001-\$500,000 \$500,001-\$1 million | \$50,000,001-\$100 million \$100,000,001-\$500 million | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion | | |
| o. How much do you | 3 \$0-\$50,000 | □ \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion | | |
| estimate your liabilities | \$50,001-\$100,000 | □ \$10,000,001-\$50 million | □ \$1,000,000,001-\$10 billion | | |
| to be? | \$100,001-\$500,000 | □ \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | |
| site and a second second second | ☐ \$500,001-\$1 million | ☐ \$100,000,001-\$500 million | ☐ More than \$50 billion | | |
| Part 7: Sign Below | | | | | |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | |
| | If I have chosen to file under Ch of title 11, United States Code. I under Chapter 7. | apter 7, I am aware that I may proceed, understand the relief available under ea | if eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed | | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | |
| | | | | | |
| | I understand making a false state | ement, concealing property, or obtaining It in fines up to \$250,000, or imprisonme | money or property by fraud in connection | | |
| | * del yet | well x | | | |
| | Signature of Debtof 1 | Signature | of Debtor 2 | | |
| | Executed on 2 7 3 | Executed Executed | on | | |
| | MM / DD /Y | ~~~ = ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | MM / DD / VVVV | | |

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Document

Desc Main Page 7 of 54

Debtor 1

Ariei

Ben

Yehudah

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| Are you aware that filing for bankruptcy is a serious a consequences? No Yes | ection with long- | term financial and legal |
|---|-------------------|---------------------------|
| Are you aware that bankruptcy fraud is a serious criminaccurate or incomplete, you could be fined or impris No Yes | e and that if you | ur bankruptcy forms are |
| Did you pay or agree to pay someone who is not an a No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, De | | |
| By signing here, I acknowledge that I understand the representation have read and understood this notice, and I am aware attorney may cause me to lose my rights or property if | that tiling a har | sierrentore name cateta e |
| Signature of Bebtor 1 | Signature of De | ebtor 2 |
| Date 2 2 2 C/S | Date | MM / DD / YYYY |
| Contact phone | Contact phone | |
| Cell phone 773~908~3379 | Cell phone | |
| Email address | Email address | |

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| Fill in this in | nformation to ide | entify your case: | |
|---------------------|---------------------|--------------------------------|-------------|
| Debtor 1 | Ariel | Ben | Yehudah |
| i I | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States (| Bankruptcy Court fo | r the: Northern District of II | linois |
| Case number | (If known) | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible to information. Fill out all of your schedules first; then complete the information on this form. If you are filing amend your original forms, you must fill out a new Summary and check the box at the top of this page. | or supplying correct led schedules after you file |
|--|--|
| Part 1: Summarize Your Assets | |
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ 6650 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$6650 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$7,557.55 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | s0 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$12396.08 |
| Your total liabilities | \$ 19,953.63 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$\$ |
| | |

12/15

Entered 08/07/18 12:17:14 Case 18-22154 Doc 1 Filed 08/07/18 Desc Main Page 9 of 54 Document Ariel Ren Yehudah Debtor 1 Case number (if known) First Name **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ☑ Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 2369.25 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 0 9a. Domestic support obligations (Copy line 6a.) 0 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 0 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

0

| | Case 18-22 | 154 DUCT | Document F | entered 08/07/. | 16 12.17.14 | Desc Main |
|----------------|---|------------------------|--|---------------------------|--|--|
| Fill in thi | is information to ident | ify your case and th | | age 10 01 34 | | |
| | A | | paragraphic and the second | 2.33.18 | | |
| Debtor 1 | Ariel First Name | Ben Middle Name | Yehudah Lasi Name | _ | | |
| Debtor 2 | | made Harre | Last reame | | | |
| (Spouse, if fi | filing) First Name | Middle Name | Last Name | _ { | | |
| United Star | tes Bankruptcy Court for th | e: Northern District o | of Illinois | 3 | | |
| Case numi | ber | | | 1 | | |
| | | | | | | Check if this is an |
| 0.55 | | | | ····· | | amended filing |
| Offici | al Form 106A | <u>/B</u> | | | | |
| Sch | edule A/B | : Propert | tv | | | ADIAE |
| | | | ns. List an asset only once. | | | 12/15 |
| Part 1: | or name and case num Describe Each Res | | wer every question. , Land, or Other Real Est | tate You Own or Hav | ve an interest in | |
| 1. Do you | own or have any lega | l or equitable inter | est in any residence, buildin | a land or similar pro- | -4.2 | |
| | . Go to Part 2. | a or equitable littere | eat in any residence, buildin | y, iano, or similar propi | епу? | |
| | s. Where is the property | ? | | | | |
| | | | What is the property? C | neck all that apply. | Do not deduct secured c | aims or exemptions. Put |
| 1.1, | | | Single-family home | | the amount of any secure Creditors Who Have Clair | ed claims on Schedule D |
| \$ | Street address, if available, | or other description | Duplex or multi-unit bui Condominium or coope | | | |
| | | | Manufactured or mobile | | Current value of the entire property? | Current value of the portion you own? |
| ~ | | | Land | | \$ | \$ |
| _ | | | Investment propertyTimeshare | | Describe the nature | of vour ourseship |
| C | City | State ZIP Code | Other | | interest (such as fee | simple, tenancy by |
| | | | Who has an interest in the | ne property? Check one | the entireties, or a lif | e estate), if known. |
| | | | Debtor 1 only | property and an analysis | | |
| ō | County | | Debtor 2 only | | | |
| | | | Debtor 1 and Debtor 2 o | | Check if this is co | |
| | | | At least one of the debto Other information you w | | em nuch en land | |
| | | | property identification n | imber: | m, such as local | |
| If you ov | wn or have more than o | ne, list here: | | | | |
| | | | What is the property? Che | ck all that apply. | Do not deduct secured cla | ims or exemptions. Put |
| 1.2. | | | Single-family home Duplex or multi-unit buildi | na | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: ns Secured by Property. |
| S | treet address, if available, o | or other description | Condominium or coopera | | Current value of the | |
| | | | Manufactured or mobile h | | entire property? | portion you own? |
| | *************************************** | ······ | Land | | \$ | \$ |
| = | Lts. | | Investment property Timeshare | | Describe the nature of | f vour ownershin |
| C | ity | State ZIP Code | Other | | interest (such as fee: | simple, tenancy by |
| | | | Who has an interest in the | property? Check one. | the entireties, or a life | estate), it known. |
| | | | Debtor 1 only | | | |
| Ĉ | ounty | | Debtor 2 only | | | |

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

lacksquare Check if this is community property

(see instructions)

| Debtor 1 | | 2154 Doc 1 Ben | Filed 08/07/18 Do ð(shveist) | Entered 08/07/ Page 11:acfn.54er (# | (18 12:17:14 C | |
|----------------------|--|---|---|--|--|---|
| 1.3. | Street address, if availab | ie, or other description State ZIP Code | What is the property? Single-family home Duplex or multi-unit is Condominium or coo Manufactured or mot Land Investment property Timeshare | pullding perative | Creditors Who Have Clai Current value of the entire property? \$ | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ of your ownership |
| | · | | Other | and the state of t | interest (such as fee the entireties, or a lif | simple, tenancy by |
| | County | | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det | otors and another | Check if this is co | mmunity property |
| | | | Other information you property identification | wish to add about this its number: | em, such as local | |
| 2. Add the your hand | he dollar value of the lave attached for Part | 1. Write that number | all of your entries from Part here. | ert 1, including any entrie | s for pages | \$ |
| you own t | that someone else drive vans, trucks, tractors | s. If you lease a vehic | est in any vehicles, wheth cle, also report it on Schedu es, motorcycles | er they are registered or le G: Executory Contracts | not? Include any vehicles and Unexpired Leases. | 5 |
| | Make: Model: Year: Approximate mileage: Other information: | Town Count Mini Van 2007 218000 | Who has an interest in ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 ☐ At least one of the deb ☐ Check if this is cominstructions) | tors and another | Do not deduct secured cla the amount of any securer Creditors Who Have Claim Current value of the entire property? | t claims on Schedule D: |
| 3.2. | own or have more than Make: Model: Year: Approximate mileage: Other information: | one, describe here: | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt | only | Do not deduct secured claithe amount of any secured Creditors Who Have Claim Current value of the entire property? | claims on Schedule D: |
| | | | Check if this is come instructions) | munity property (see | \$ | \$ |

| | Make: | Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only | the amount of any secur | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
|--------|--|---|--|--|
| | Year: | Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | | |
| | | Check if this is community property (see instructions) | \$ | \$ |
| 3.4. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cl | sims or everations. Dut |
| | Model: | Debtor 1 only | the amount of any secure | d claims on Schedule D: |
| | Year: | Debtor 2 only | Creditors Who Have Clair | ms Secured by Property. |
| | **** | Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | | |
| | | Check if this is community property (see instructions) | \$ | \$ |
| 4.1. | Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? | I claims on Schedule D |
| | | Check if this is community property (see | \$ | \$ |
| lf you | OWN Or have more than one list here | ☐ Check if this is community property (see instructions) | \$ | \$ |
| | own or have more than one, list here: | instructions) | | |
| 4.2. | Make: | instructions) Who has an interest in the property? Check one. | Do not deduct secured ciai | TIS Of exemptions. Put |
| 4.2. | | instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured claim the amount of any secured | ms or exemptions. Put claims on Schedule D |
| 4.2. | Make: | instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured claim the amount of any secured Creditors Who Have Claim | ms or exemptions. Put claims on Schedule D: s Secured by Property. |
| 4.2. | Make: | instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured claim the amount of any secured Creditors Who Have Claim: | ms or exemptions. Put claims on Schedule D: s Secured by Property. Current value of the |
| 4.2. | Make: | instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured claim the amount of any secured Creditors Who Have Claim: | ms or exemptions. Put claims on Schedule D: s Secured by Property. |
| 4.2. | Make: | instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured claim the amount of any secured Creditors Who Have Claim. Current value of the entire property? | ms or exemptions. Put claims on Schedule D: s Secured by Property. Current value of the |

Case 18-22154 Doc 1 Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main First Name Last Name Doc 1 Filed 08/07/18 Page 12 of 5 4 ber (# known)_____

5

Case 18-22154 Doc 1 Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main First Name Middle Name Last Name Doc Vi Phile Page 13 Code 5 About (d Known)

Part 3:

Describe Your Personal and Household Items

| Do you own or have any legal or equitab | le interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims |
|--|--|---|
| | | or exemptions. |
| 6. Household goods and furnishings | | |
| Examples: Major appliances, furniture, lin | nens, china, kitchenware | |
| □ No | | |
| Yes. Describe living room a | and bedroom furniture | s 1,500.00 |
| · · | | \$ 1,500.00 |
| 7. Electronics | | |
| conections, electronic devices | , video, stereo, and digital equipment; computers, printers, scanners; music sincluding cell phones, cameras, media players, games | |
| □ No | | |
| Yes. Describe 55 inch tele | vision, cell phone | \$ 700.00 |
| | ,,,,,,,, . | \$ |
| 8. Collectibles of value | | |
| atamp, com, or pasebali card | gs, prints, or other artwork; books, pictures, or other art objects; collections; other collections, memorabilia, collectibles | |
| ☑ No | | |
| Yes. Describe | | \$ |
| 6 P. 1 | | Ψ |
| 9. Equipment for sports and hobbies | | |
| and kayaks, carpensy tools, it | e, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nusical instruments | |
| ☑ No | | |
| Yes. Describe | | • |
| | | \$ |
| 10. Firearms | | |
| Examples: Pistols, rifles, shotguns, ammu No | nition, and related equipment | |
| Yes. Describe | | _ |
| | | \$ |
| 11. Clothes | | |
| Examples: Everyday clothes, furs, leather No | | |
| Yes. Describe everyday clot | hes | s 1,000.00 |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 12. Jeweiry | | |
| - | elry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | |
| ☑ No | | |
| Yes. Describe | | • |
| | | \$ |
| 3. Non-farm animals | | |
| Examples: Dogs, cats, birds, horses | | |
| 2 No | | |
| Yes. Describe | | |
| | | \$ |
| | you did not already list, including any health aids you did not list | |
| ☑ No | | |
| Yes. Give specific | | |
| information | | \$ |
| 5. Add the dollar value of all of your entries | from Part 3, including any entries for pages you have attached | |
| for Part 3. Write that number here | Tom Part 3, including any entries for pages you have attached | \$3,200.00 |
| | 7 | |

Case 18-22154 Doc 1 Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main Part Middle Name Last Name Page 14cof 5.4der (ส หกอพก)

| Do you own or have a | ny legal or equitable interest i | n any of the following? | | portion yo | ct secured claim |
|--|--|--|-----------------|------------|------------------|
| 16. Cash | | | | | |
| Examples: Money yo | ou have in your wallet, in your ho | me, in a safe deposit box, and on hand when you file y | our petition | | |
| □ No | | | | | |
| 2 Yes | | Ca | | | 05.00 |
| | | Cas | sh: | \$ | 25.00 |
| | | | | | |
| 17. Deposits of money Examples: Checking and other | , savings, or other financial according | unts; certificates of deposit; shares in credit unions, bro multiple accounts with the same institution, list each. | okerage houses, | | |
| ☐ No | | | | | |
| 2 Yes | | Institution name: | | | |
| | 17.1. Checking account: | TCF Bank | | | |
| | • | | | \$ | 50.00 |
| | 17.2. Checking account: | Citi Bank | | \$ | 50.00 |
| | 17.3. Savings account: | | | \$ | |
| | 17.4. Savings account: | | ~ | \$ | |
| | 17.5. Certificates of deposit: | | | | |
| | 17.6. Other financial account: | | | | |
| | 17.7. Other financial account: | | | | |
| | 17.8. Other financial account: | | | | |
| | 17.9. Other financial account: | | | \$ | |
| | 17.9. Other financial account: | | | \$ | |
| | | | | | |
| | , or publicly traded stocks i, investment accounts with brok Institution or issuer name: | erage firms, money market accounts | | | |
| | mattution of Issuel Harrie. | | | | |
| | | | | \$ | |
| | | | ···· | \$ | |
| | | | | \$ | |
| 9. Non-publicly traded s an LLC, partnership, | stock and interests in incorpor | ated and unincorporated businesses, including an | interest in | | |
| 2 No | Name of entity: | n/ -£- | ovenovah in | | |
| Yes. Give specific | | % or c 0% | ownership: | | |

information about them..... _%

_%

0%

0%

| Debtor 1 Ari | | -22154 Middle Name | Doc 1 Ben | Dockienedah | Entered 08/07/18 12:17:14 Page 15cat 5Aber (# KRIOWI) | |
|---------------------------------|--------------|---|---|--------------------------------|--|----|
| . Government | and corn | orate hond | and other ne | egotiable and non-negot | Nahala e | |
| Negotiable in: | struments | include pers | onal checks of | ashiers' chacke promises | on notes and manny and | |
| rvon-negotiab | ile instrum | ents are tho | se you cannot | transfer to someone by si | gning or delivering them. | |
| ☑ No Yes. Give | annai£. | Issuer nam | ıa: | | | |
| informatio | n about | issuel flati | le. | | | |
| them | **!******** | *************************************** | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| Retirement o | r pension | accounts | | | | |
| <i>≣xamples:</i> Inte | erests in II | RA, ERISA, I | Keogh, 401(k), | 403(b), thrift savings acc | ounts, or other pension or profit-sharing plans | |
| Z) No | | | | | | |
| Yes. List e | | Type of acc | ount Insti | tution name: | | |
| | , | | | auton name, | | |
| | | 401(k) or sin | nilar plan: | | | \$ |
| | | Pension plar |): | | | \$ |
| | | IRA: | ··· | | | \$ |
| | | Retirement a | ccount: | | | \$ |
| | | Keogh: | | | | \$ |
| | | Additional ac | count: | | | |
| | | Additional ac | count: | | | \$ |
| | | | | | | \$ |
| ecurity depos | -:4 | | | | | |
| | | | | that you may continue s | ervice or use from a company | |
| xamples: Agre ompanies, or o | eements v | vith landlords | s, prepaid rent, | public utilities (electric, ga | as, water), telecommunications | |
| 3 No | ouicro | | | | | |
| Yes | | | (= = x't; x' | | | |
| = 103 | ****** | Electric: | Institution | name or individual: | | |
| | | Gas: | | | | \$ |
| | | Heating oil: | | | | \$ |
| | | • | eit on contal | | | \$ |
| | | Prepaid rent: | ar on renial UNIT | | | \$ |
| | | Telephone: | | | | \$ |
| | | Vater: | *************************************** | | The state of the s | \$ |
| | | vvaler: Rented fumitu | | | | \$ |
| | | Rented fumitu Other: | IC | | | \$ |
| | | | | | | |

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

| V | No |
|---|----|
| | |

Yes...... Issuer name and description:

| | Debtor 1 | Case 18-221 Ariel First Name Middle | SA DOC 1 Ben Last Nar | Filed 08/07/18 Doc \(\frac{1}{2}\)ft\(\frac{1}\)ft\(\frac{1}2\)ft\(\frac{1}{2}\)ft\(\f | Entered 08/07/18 12:17:14 Page 16 @fe 54hber (# known) | |
|------|-----------------|--|---|---|---|--|
| 2 | 4 interes | s in an aducation ID | A in an account in | e matica de Artica | | |
| | 26 U.S. | C. §§ 530(b)(1), 529A | A, in an account in .(b), and 529(b)(1). | a qualified ABLE progra | m, or under a qualified state tuition program | |
| | Z No | | | | | |
| | Yes | | Institution name ar | d description. Separately | file the records of any interests.11 U.S.C. § 521 | (a): |
| | | | | | | (6). |
| | | | | | | . \$ |
| | | | | | | \$ |
| | | | ************************************** | · · · · · · · · · · · · · · · · · · · | | · \$ |
| 25 | Trusts, exercis | equitable or future in able for your benefit | terests in property | (other than anything lis | ted in line 1), and rights or powers | |
| | No | | | | | |
| | Yes. | Give specific | | | | |
| | intor | mation about them | | | | \$ |
| 26 | . Patents | . copyrights, tradema | arks trada sacrate | and other intellectual pr | and the second of | |
| | Example | s: Internet domain nar | mes, websites, proce | eds from royalties and lic | operty ensing agreements | |
| | ☑ No | | | • | | |
| | TYes. | Give specific | | | | |
| | infor | nation about them | | | | \$ |
| 27 | Licanea | s, franchises, and ott | han 1 | . La . | | |
| 2.1 | Example | s: Building permits, ex | ner general intangit Clusive licenses, coo | oles Derative association holdi | ings, liquor licenses, professional licenses | |
| | 2 No | | | poration accountion, moral | mgs, ilquoi ilcerises, professional ilcenses | |
| | Tyes. | Give specific nation about them | | | | \$ |
| | | | | | | |
| Mo | oney or p | operty owed to you? | ? | | | Current value of the |
| | | | | | | portion you own? Do not deduct secured |
| | | | | | | claims or exemptions. |
| 28. | | ds owed to you | | | | |
| | No No | | | | | |
| | | Give specific information in the specific information in the specific information in the specific information in the specific informat | | | Federal: | \$ |
| | 3 | ou already filed the re | tums | | State: | \$ |
| | · · | and the tax years | ••••• | | Łocal: | \$ |
| | | | | | | · |
| | Family s | | | | | |
| | Examples | : Past due or lump sur | m alimony, spousal s | upport, child support, mai | ntenance, divorce settlement, property settleme | nt |
| | No No | | | | | |
| | | Sive specific information | on | | A.P.J. | _ |
| | | | | | Alimony: | \$ |
| | | | | | Maintenance: | \$ |
| | | | | | Support: Divorce settlement: | \$ |
| | | | | | Property settlement: | \$ \$ |
| 30 (| Other am | ounts someone owes | e vou | | repety settement | Ψ |
| | Examples | Unpaid wages, disab | ility insurance payme | ents, disability benefits, sid made to someone else | ck pay, vacation pay, workers' compensation, | |
| | □ No | | | | | |
| | Yes. G | ive specific information | ⁿ Social S | Security monthly | | s 1,325.00 |
| | | | | - | | s 1,323.UU |

| Debtor 1 | Case 18-2 Ariel First Name | 22154 Middle Name | DOC 1 Ben Last Nar | Filed 08/07/18 Document | Entered 08/07/18 12:17:14 Page 17cof 54ber (# known) | |
|-----------------------------------|---|-----------------------------------|---------------------------------|--|--|--|
| Example | s in insurance p es: Health, disabil | olicies ity, or life ir | surance; heal | ith savings account (HSA) | r; credit, homeowner's, or renter's insurance | |
| Ø No ☐ Yes. | Name the insura of each policy an | nce compa | ny Compa | ny name: | Beneficiary: | Surrender or refund value: |
| | or coor policy at | io not no va | | | | |
| | | | | | *************************************** | \$ |
| If you are property No | erest in property e the beneficiary of because someon Give specific info | of a living tr e has died. | ust, expect pr | omeone who has died oceeds from a life insuran | ice policy, or are currently entitled to receive | |
| | | | | | | \$ |
| 33. Claims a Example: No | igainst third part s: Accidents, emp | ties, wheth ployment di | er or not you sputes, insura | have filed a lawsuit or ince claims, or rights to su | made a demand for payment e | |
| ☐ Yes. | Describe each cla | aim | | | | |
| ☑ No | Cidillis | | | ry nature, including cou | interclaims of the debtor and rights | \$ |
| ☐ Yes. I | Describe each cla | im | | | | \$ |
| ☑ No | acial assets you | | - | | | |
| ⊶ res. € | Give specific infor | mation | | | | \$ |
| 36. Add the of for Part 4 | dollar value of al . Write that num | l of your e ber here | ntries from P | art 4, including any entr | ies for pages you have attached | \$1,450.00 |
| | | | | | າ or Have an Interest In. List any ເ | real estate in Part 1. |
| | vn or have any l o to Part 6. | egal or equ | itable interes | st in any business-relate | d property? | |
| | So to line 38. | | | | | |
| | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | receivable or co | mmission | s you already | earned | | |
| ↓ Yes. D | escribe | | | | | \$ |
| 39. Office equ Examples: B | lipment, furnishi Business-related con | ngs, and s | upplies vare, modems, | printers, copiers, fax machine | s, rugs, telephones, desks, chairs, electronic devices | |
| Yes. De | escribe | | | | | \$ |

39.

| Debtor 1 | Case 18 | -22154 Middle Name | Doc 1 Ben | Doci/ieheidah | Entered 08/07/18 Page 18 af 54mber (# kno) | 12:17:14 | Desc Main |
|---------------------------|--|---|-------------------------------|--|---|---------------|---|
| 40. Machin | ery, fixtures, e | quipment, s | upplies you u | se in business, and too | ls of your trade | | |
| | . Describe | | | | | | \$ |
| 41. Invento No Yes. | ry . Describe | | | | | | |
| | s in partnershi | ps or joint v | entures | | | | \$ |
| ☐ No ☐ Yes. | Describe | | | | | of ownership: | e |
| | | *************************************** | | | | % % | \$\$ \$ |
| ☐ No ☐ Yes. | er lists, mailing Do your lists in | | | | ined in 11 U.S.C. § 101(41A))? | | |
| | Yes. Descri | be | | | | | \$ |
| ☐ No ☐ Yes. | Give specific | | | | | | |
| mon | | | | | | **** | \$ \$ \$ |
| | - | | | | | | \$ \$ |
| 45. Add the of for Part 5 | dollar value of a | all of your e mber here | ntries from Pa | art 5, including any entr | ies for pages you have attache | ed → | \$ \$ |
| Part 6: | Describe Any f you own or h | Farm- and | l Commercia est in farmlan | al Fishing-Related Pr d, list it in Part 1. | operty You Own or Have a | n interest ir | |
| wan No. Go | vn or have any to Part 7. to to line 47. | legal or equ | iitable interes | t in any farm- or comme | ercial fishing-related property? | > | |
| | 0 10 mil 11. | | | | | | Current value of the portion you own? Do not deduct secured claims |
| ☐ No | Livestock, poul | try, farm-rais | ed fish | | | | or exemptions. |
| ☐ Yes | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | \$ |

| | Ariel First Name | Middle Name | Ben Last No | Filed 08/07/18 <u>DocuYaleuntah</u> | Entered 08/07/18 12:17:1 Page 19 of 54 Page 19 of senumber (# known) | 4 Desc Main |
|--|----------------------|-------------------------------|---|--|--|------------------------------|
| 48. Сгорs | either growing | g or harves | ted | | | |
| ☐ No | | | | | | |
| ☐ Yes. inform | Give specific nation | | | | | |
| | | nmant imn | lomosto | hinery, fixtures, and too | | \$ |
| ino | | princin, imp | rements, mac | ninery, fixtures, and too | ols of trade | |
| ☐ Yes | | | | | | |
| #0 F | | | | | | \$ |
| 50. Farm and | l fishing supp | lies, chemi | cals, and feed | l | | |
| | | | | | | |
| | | | | | | • |
| 51. Any farm- | and commer | cial fishing | -related prope | erty you did not already | lief | 3 |
| □ No | Sive specific | _ | . • | | | |
| informa | ation | | | | | _ |
| 52. Add the d | lollar value of | all of vour | entries from S | Part 6 including | tries for pages you have attached | \$ |
| for Part 6. | . Write that nu | mber here | | are o, menduing any en | tries for pages you have attached | \$ |
| | | | | | | |
| Part 7: D | escribe Al | l Propert | y You Own | or Have an intere | est in That You Did Not List Abov | |
| <i>⊞xamples:</i> Se | ieason tickets, co | erty of any ountry club me | kind you did embership | not already list? | | |
| Mo ☐ Yes. Gir | ieason tickets, co | erty of any puntry club me | kind you did embership | not already list? | | \$ \$ |
| ✓ No ☐ Yes. Gir | ive specific | ountry club me | embership | | here | \$\$ \$\$ \$\$ |
| No Yes. Girinformat | ive specific | ountry club me | embership ntries from Pa | art 7. Write that number | here | \$\$ \$\$ \$\$ |
| No Yes. Ginformat | ive specific tition | il of your e | ntries from Pa | ert 7. Write that number | | \$\$ \$\$ \$\$ 0.00 |
| No Yes. Girinformat Add the dol art 8: Lis | ive specific tition | ill of your en | ntries from Pa | ert 7. Write that number | here | |
| Add the dol art 8: Lis Depart 1: Total | ive specific tion | ill of your en | ntries from Pa | ort 7. Write that number this Form | - | |
| And the dol Art 8: Lis Part 1: Total Part 2: Total | ive specific tion | il of your ending 2 | ntries from Pa | ort 7. Write that number this Form | 1,000.00 | |
| And the dol art 8: Lis Apart 1: Total Apart 3: Total Apart 4: Total | ive specific tion | ill of your enals of Eac | ntries from Pa | ort 7. Write that number this Form | 1,000.00 3,200.00 | |
| And the dol And t | ive specific tion | ill of your enails of Eac | ntries from Pa ch Part of t | this Form \$ \$ \$ \$ \$ \$ \$ | 1,000.00 3,200.00 1,450.00 | |
| And the dol Art 8: Lis Fart 1: Total Apart 3: Total Apart 4: Total Apart 5: Total Apart 6: Total | ive specific tion | als of Eac | ntries from Pa ch Part of t d items, line 1 | this Form \$ \$ \$ \$ \$ \$ \$ | 1,000.00 3,200.00 1,450.00 0.00 | |
| And the dol art 8: Lis And the dol art 8: Lis And the dol art 8: Lis And Total Part 1: Total Part 4: Total Part 5: Total Part 6: Total Part 7: Total | ive specific tion | als of Eachine 2 | ntries from Pa ch Part of t d items, line 1 rty, line 45 d property, lin | \$\$ \$ | 1,000.00 3,200.00 1,450.00 0.00 0.00 0.00 | \$0.00 |
| Add the dol Add the dol Art 8: Lis Part 1: Total Part 2: Total Part 4: Total Part 5: Total Part 6: Total Part 7: Total | ive specific tion | als of Eachine 2 | ntries from Pa ch Part of t d items, line 1 rty, line 45 d property, lin | \$\$ \$ | 1,000.00 3,200.00 1,450.00 0.00 0.00 | \$ 0.00 |
| Part 4: Total Part 5: Total Part 6: Total Part 7: Total Part 7: Total | ive specific tion | als of Eachine 2 | ch Part of t d items, line 1 ty, line 45 d property, lin l, line 54 | \$\$ \$ | 1,000.00 3,200.00 1,450.00 0.00 0.00 0.00 | \$ |

Case 18-22154 Doc 1 Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main Page 20 of 54 Document Fill in this information to identify your case: Ariel Ben Yehudah Debtor 1 Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an (If known) amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 04/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2; Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. **Identify the Property You Claim as Exempt** 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Brief Crysler Town Car \$1,000.00 522(d)(2) motor vehicle **□** \$ 1,000.00 description: 735 ILCS 5/12-1001(b) 100% of fair market value, up to Line from 3.1 Schedule A/B: any applicable statutory limit Brief Household Goods \$2,200.00 522(d)(3) household goods □ \$ 2,200.00 description: wildcard 100% of fair market value, up to Line from .6. any applicable statutory limit Schedule A/B Brief Electronics \$1,600.00 □ s 1,000.00 522(d)(5) wildcard description: ☐ 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit

Are you claiming a homestead exemption of more than \$160,375?

| (Subject to adjustment on 4 | 4/01/19 and every 3 year | s after that for cases fil | led on or after the date | of adjustment. |
|-----------------------------|--------------------------|----------------------------|--------------------------|----------------|
|-----------------------------|--------------------------|----------------------------|--------------------------|----------------|

N No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☑ No

☐ Yes

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Ariel Ben Docuenged Page 21 of 54

First Name Middle Name Last Name

Debtor 1

Part 2:

Additional Page

| Brief descript on Schedule | tion of the property and line A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|---|--------------------------------------|--|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: Line from Schedule A/B: | 466741 | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | Webster | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | *************************************** | \$ | □ \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | \$ \$ any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | \$ to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |

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| Lin ut mis in | formation to iden | itify your ca | se: | | | | | |
|---|--|-----------------|--------------------------|--|-----------------|-------------------------|------------------------------|----------------------------|
| Debtor 1 | Ariel | Ben | • | Yehudah | | | | |
| Debtor 2 | First Name | Middle | Name | Last Name | | | | |
| (Spouse, if filing) | First Name | Middle | Name | Last Name | | | | |
| United States B | Bankruptcy Court for t | the: Northern | District of Illinois | | | | | |
| Case number | *************************************** | | | | | | □ | |
| | | | | |] | | ☐ Check amend | if this is a led filing |
| O60-:-I t | | | | | | | 3 | |
| | Form 106D | | | | | | | |
| Sched | ule D: Cr | editor | s Who H | ave Claims | Secur | ed by Pro | erty | 12/1 |
| Be as comple | ete and accurate a | as possible. | If two married pe | ople are filing together | . both are e | qually responsible f | Of Supplying correc | .+ |
| | If more space is n ges, write your na | | | | the entries, | and attach it to this | form. On the top of | fany |
| additional pa | gos, write your ne | aine anu ca: | se number (II KNO | wn). | | | | - |
| . Do any cre | ditors have claim | s secured b | y your property? | | | | | |
| No. Che | eck this box and su | bmit this for | m to the court with | your other schedules. You | u have noth | ing else to report on t | hic form | |
| 🗹 Yes. Fill | l in all of the inform | nation below. | | , | ZO TIOVO TIQUE | ung eise to report on t | ins ioni. | |
| | | | | | | | | |
| art 1: Lis | t All Secured C | laims | | | | | | |
| | | | | | | Column A | California D | |
| List all secu | ured claims. If a cr | reditor has m | nore than one secu | red claim, list the credito | r separately | Amount of claim | Column B Value of collateral | Column Unsecu |
| As much as | im. If more than or possible list the c | ne creditor hi | as a particular clai | m, list the other creditors ording to the creditor's na | in Part 2. | Do not deduct the | that supports this | portion |
| | poodible, hat the of | acarro ni capit | abelical order acc | Juling to the creators na | ime. | value of collateral. | claim | lf any |
| 🗓 City of Ci | hicago | | Describe the pro | perty that secures the cl | aim: | s 7,557.55 | \$ | s |
| Creditor's Name | е | | | | | V-1000- | Y | φ |
| P.O. Box | | ···· | Parking Ticke | ts | | | | |
| Number | Street | | | | | | | |
| | | | As of the date you | u file, the claim is: Check | all that apply. | | | |
| Chicago | IL | 60680 | Unliquidated | | | | | |
| City | State | ZIP Code | Disputed | | | | | |
| Who owes the | e debt? Check one. | | Nature of lien. Ch | ack all that apply | | | | |
| Debtor 1 on | | | | | | | | |
| Debtor 2 on | • | | car loan) | you made (such as mortgage | or secured | | | |
| Debtor 1 an | nd Debtor 2 only | | Statutory lien (| such as tax lien, mechanic's | lien) | | | |
| At least one | e of the debtors and a | nother | Judgment lien t | rom a lawsuit | | | | |
| ☐ Check if th | his claim relates to | | Other (including | a right to offset) | | •• | | |
| communit | | · u | | | | | | |
| | incurred | | Last 4 digits of a | count number | | | | |
| 2 | | | | erty that secures the cla | | \$ | \$ \$ | |
| Creditor's Name | 1 | | • - • | , | | <u> </u> | \$ | |
| | | | | | | | | |
| Number | Street | | | | | | | |
| *************************************** | | | Contingent | ı file, the claim is: Check | all that apply. | | | |
| | | | Unliquidated | | | | | |
| City | State | ZIP Code | Disputed | | | | | |
| Who owes the | debt? Check one. | | • | -111. | | | | |
| Debtor 1 onl | | | Nature of lien. Che | | | | | |
| Debtor 2 onf | • | | An agreement y car (oan) | ou made (such as mortgage | or secured | | | |
| | d Debtor 2 only | | | uch as tax lien, mechanic's li | en) | | | |
| Debtor 1 and | of the debtors and an | nother | Judgment lien fr | om a lawsuit | , | | | |
| | | | | | | | | |
| At least one | ie claim relator to : | • | - chici (illoiddaig | a right to offset) | | | | |
| At least one | is claim relates to a | a | — onler (moderny | a right to offset) | | | | |
| At least one Check if thi community | is claim relates to a debt incurred | a | | count number | | | | |

Case 18-22154 Doc 1

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Ben

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Debtor 1

Middle Name

Document Yehudah

Case number (# known)

| Additional Page Part 1: After listing any entries on this by 2.4, and so forth. | s page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|---|---|---|---|
| Creditor's Name | Describe the property that secures the claim: | \$ | \$ | \$ |
| | | | 110/03/ | *************************************** |
| Number Street | _ | | | |
| 4444 | As of the date you file, the claim is: Check all that apply. | | | |
| A | ☐ Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | - | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | • | | |
| Creditor's Name | are the property that secures the claim. | 3 | _ \$\$ | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed | | | |
| | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured) | | | |
| Debtor 1 and Debtor 2 only | car loan) | | | |
| At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | | | |
| ☐ Check if this claim relates to a community debt | — Otto (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | ; | \$ \$ | |
| Creditor's Name | | | T | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit Other (including a right to offset) | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | in Column A on this page. Write that number here: $\$ \$ | | | |
| If this is the last page of your form, Write that number here: | add the dollar value totals from all pages. | | | |

Case 18-22154 Doc 1

Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main

Document Yehudah

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Ben

Case number (if known)_

List Others to Be Notified for a Debt That You Already Listed Part 2:

| Use this page only if you have others to be notified about your bankruptcy for a debt agency is trying to collect from you for a debt you owe to someone else, list the cred you have more than one creditor for any of the debts that you listed in Part 1, list the be notified for any debts in Part 1, do not fill out or submit this page. | itor in Dont 4 and 46 and 11-4 at the same |
|---|---|
| None | On which line in Part 1 did you enter the creditor? |

| | | | | On which line in Part 1 did you enter the creditor? |
|----------|--------|-------------|---|---|
| Name | | | | Last 4 digits of account number |
| Number | Street | | ************************************** | ···· |
| | | | | _ |
| City | | State | ZIP Code | |
| Name | | | | On which line in Part 1 did you enter the creditor? |
| Hame | | | | Last 4 digits of account number |
| Number | Street | | | _ |
| City | | State | | |
| | | State | ZIP Code | |
| Name | | | | On which line in Part 1 did you enter the creditor? |
| | | | | Last 4 digits of account number |
| Number | Street | | | _ |
| City | | State | 710 0-4 | _ |
| 7 | | Otate | ZIP Code | |
| Name | | | | On which line in Part 1 did you enter the creditor? |
| | | | | Last 4 digits of account number |
| Number | Street | | | - |
| City | | CALL | | • |
| 7 | | State | ZIP Code | |
| Name | | | | On which line in Part 1 did you enter the creditor? |
| | | | | Last 4 digits of account number |
| Number | Street | - And Maria | | - |
| City | | CLAS | 710 | • |
|)] | | State | ZIP Code | |
| Name | · | | | On which line in Part 1 did you enter the creditor? |
| . 101,10 | | | | Last 4 digits of account number |
| Number | Street | | *************************************** | |
| City | | <u> </u> | | |
| City | | State | ZIP Code | |

Case 18-22154 Doc 1 Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main 25 of 54 Fill in this information to identify your case: Ariel Yehudah Debtor 1 Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Northern District of Illinois ☐ Check if this is an (If known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent State ZIP Code ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ☐ No Other, Specify Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent 7IP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other. Specify ☐ No Q Yes

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Part 1: Your PRIORITY Unsecured Claims — Continuation Page

| Af | ter listing any entries on this page, number ther | n beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|----------|---|--|-------------|-----------------|--------------------|
| <u> </u> | | Last 4 digits of account number | \$ | \$ | \$ |
| | Priority Creditor's Name | | V | - Y | _ V |
| | Number Street | When was the debt incurred? | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | | ☐ Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | |
| | Debtor 1 only | Type of PDIODITY and a table | | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government | | | |
| | ☐ Check if this claim is for a community debt | Claims for death or personal injury white you were intoxicated | | | |
| | Crieck it this claim is for a community debt | Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | ☐ No | | | | |
| | Yes | | | | |
| | | | | | |
| | | Last 4 digits of account number | \$ | \$ | \$ |
| | Priority Creditor's Name | | | | - |
| | Number Street | When was the debt incurred? | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | | | | | |
| | City State ZIP Code | Contingent | | | |
| | City State ZiP Code | ☐ Unliquidated☐ Disputed | | | |
| | Who incurred the debt? Check one. | □ Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | ☐ Domestic support obligations | | | |
| | Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated | | | |
| | • | Other, Specify | | | |
| | Is the claim subject to offset? | | | | |
| | □ No | | | | |
| | ☐ Yes | | | | |
| | | Local distriction of | • | | |
| | Priority Creditor's Name | Last 4 digits of account number | \$ (| \$ | \$ |
| | Number Street | When was the debt incurred? | | | |
| | Oliver Contract | An adding data are 2011 to 11 to 12 to 12 | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | 0.4 | Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | | | | |
| | Debtor 1 and Debtor 2 only | □ Domestic support obligations □ Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | Check if this claim is for a community debt | intoxicated | | | |
| | • | Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | □ No | | | | |
| | ☐ Yes | | | | |
| | | | | | |

Part 2:

List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

| | No. You have nothing to report in the Yes | his part. Sι | ubmit this form to t | the cou | ırt with you | r other schedule | es. | | | | | | | | |
|-----|---|--------------|----------------------|------------|--------------------------|--|-----------|--------------|------------|--------|--------------|----------|----------|-----------|---|
| 4. | List all of your nonpriority unsecured nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of | ditor sepa | rately for each cla | im Lar | r aach elain | m lieter identific | | ▲ ▲ | | -1-1 | "4 " - | _ | | | |
| 4.1 | Capitol One Bank, USA | | | | | | | | • | _ | _ | | To | tal claim | |
| | Nonpriority Creditor's Name | | ···· | Las | st 4 digits o | of account numb | per_ | | <u>3</u> - | 3 | _0 | | • | 5,394.00 |) |
| | P.O. Box 30281 | | | Wh — | nen was the | e debt incurred? | <u> </u> | 05/0 |)1/2 | 01 | <u>5</u> | | Ψ | | - |
| | Salt Lake | Utah | 84130 | | | | | | | | | | | | |
| | City | State | ZIP Code | | | you file, the cla | aim is | s: Ch | eck a | all th | at app | iy. | | | |
| | Who incurred the debt? Check one. | | | | Contingent | | | | | | | | | | |
| | Debtor 1 only | | | | Unliquidate | ed | | | | | | | | | |
| | Debtor 2 only | | | . | Disputed | | | | | | | | | | |
| | Debtor 1 and Debtor 2 only | | | Tur | no of NON | | | | | | | | | | |
| | ☐ At least one of the debtors and another | | | | | PRIORITY unse | ecure | ea c | laim: | : | | | | | |
| | | | | | Student loar | | | | | | | | | | |
| | ☐ Check if this claim is for a commu | nity debt | | u | Obligations that you did | arising out of a se not report as prior | parat | ion a | green | nen | t or div | orce | | | |
| | is the claim subject to offset? | | | | Debts to per | nsion or profit-sha | nina n | alms None | and | othe | ar eimi | lar dahi | | | |
| | ✓ No | | | 4 | Other, Spec | of credit care | d . | , all 15 | , and | ouite | 31116 | ai uco | .5 | | |
| | ☐ Yes | | | | • | | | ** | ***** | | | | • | | |
| 4.2 | Capitol One Bank, USA | | | Las | t 4 digits of | f account numb | er | 5 | 2 | 5 | 1 | | \$ | 3.443.87 | |
| | Nonpriority Creditor's Name | | | | | debt incurred? | | | 4/20 | 300 | 3 | | Ψ | | ٠ |
| | P.O Box 30281 | | | | | | | | | | • | | | | |
| | Number Street | | | - | | | | | | | | | | | |
| | Salt Lake | Utah | 84130 | As c | of the date | you file, the clai | im is: | : Che | eck al | i tha | at appl | y. | | | |
| | City | State | ZIP Code | | Contingent | | | | | | | | | | |
| | Who incurred the debt? Check one. | | | | Unliquidated | 1 | | | | | | | | | |
| | Debtor 1 only | | | | Disputed | | | | | | | | | | |
| | Debtor 2 only | | | | | | | | | | | | | | |
| | Debtor 1 and Debtor 2 only | | | Тур | e of NONP | PRIORITY unse | cure | d cla | aim: | | | | | | |
| | At least one of the debtors and another | | | | Student loan | ns | | | | | | | | | |
| | \square Check if this claim is for a commun | ity debt | | | Obligations a | arising out of a sep not report as priori | paratio | on ag | reem | ent | or dive | orce | | | |
| | Is the claim subject to offset? | | | ا رِ | Debts to pen | nsion or profit-shari | ing pl | ans, | and o | the | r simila | r debts | ; | | |
| | ☑ No | | | 4 | Other, Specif | _{fy} Credit Car | <u>rd</u> | | | | | | | | |
| | Yes | | | | | | | | | | | | | | |
| 4.3 | Genesis/Feb Retail | | | lact | A digite of | account numbe | | 4 | 0 | _ | | | | | |
| | Nonpriority Creditor's Name | | | | | | | | <u>8</u> _ | | | | \$ | 1,113.22 | |
| | P.O. Box 4477 | | | vvne | n was the c | debt incurred? | <u>U</u> | 4/3 | 0/20 | 110 |) | | | | |
| | Number Street Beaverton | OR | 97076 | | | | | | | | | | | | |
| | | State | ZIP Code | As o | f the date y | you file, the clair | m is: | Che | ck all | that | apply | _ | | | |
| | | | | | Contingent | | | | | | | | | | |
| | Who incurred the debt? Check one. | | | . IZI i | Jnliquidated | | | | | | | | | | |
| | Debtor 1 only | | | | Disputed | | | | | | | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | | • | | | | | | | | | | |
| | At least one of the debtors and another | | | Type | of NONPI | RIORITY unsec | ured | i cla | im: | | | | | | |
| | | | | | Student loans | | | | | | | | | | |
| | Check if this claim is for a communi | ty debt | | | | rising out of a sepa | aratio | n agr | reeme | ent d | or divo | rce | | | |
| | ls the claim subject to offset? | | | ti- | hat you did n | not report as priority | y clair | ms | | | | | | | |
| | ₩ No | | | U D | ebts to pens | sion or profit-sharin | ng pla | ns a | and ot | her | simila | debts | | | |
| | ☐ Yes | | | ₩ 0 | tner. Specify | y Furniture S | tore | e Li | ne c | of C | <u> redi</u> | <u>t</u> | | | |

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Aft | ter listing any entries on this p | age, number th | em beginning wi | th 4.4, followed by 4.5, and so forth. | | Total claim |
|-----|---|----------------|-----------------|---|-------------------------------|-------------|
| 4.4 | Great American Finance | e | | Last 4 digits of account number | <u>5 1 3 0</u> | s 1,585.99 |
| | Nonpriority Creditor's Name 20 W Wacker Drive | | | When was the debt incurred? 0 | 4/06/2017 | <u>\$</u> |
| | Number Street Chicago | IL. | 60606 | As of the date you file, the claim is | : Check all that apply. | |
| | City | State | ZIP Code | Contingent | , | |
| | | | | ✓ Unliquidated | | |
| | Who incurred the debt? Check | one. | | Disputed | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured | claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and | another | | Obligations arising out of a separation | | |
| | Check if this claim is for a | community dobt | | you did not report as priority claims | on agreement or divorce that | |
| | | community debt | | Debts to pension or profit-sharing pl | lans, and other similar debts | |
| | Is the claim subject to offset? No Yes | | | Other, Specify Furniture Stor | e Line of Credit | |
| 4.5 | V Yes | | | | | |
| 4.5 | Sprint | | | Last 4 digits of account number 5 | 1 3 0 | s 859.00 |
| | Nonpriority Creditor's Name | | | | | \$ <u> </u> |
| | 6391 Sprint Parkway | | ···· | When was the debt incurred? 01 | 1/01/1996 | |
| | Overland Park | KS | 66251 | As of the date you file, the claim is: | Check all that apply. | |
| | City | State | ZIP Code | Contingent | | |
| | 180 | | | ✓ Unliquidated | | |
| | Who incurred the debt? Check of | one. | | Disputed | | |
| | Debtor 1 only | | | • • | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured of | claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and a | another | | Obligations arising out of a separation | | |
| | ☐ Check if this claim is for a c | ommunity dobt | | you did not report as priority claims | n agreement or divorce that | |
| | | Ominantly debt | | Debts to pension or profit-sharing pla | ins, and other similar debts | |
| | Is the claim subject to offset? | | | Other Specify Cell phone | and and other divines depth | |
| | ₩ No | | | | ***** | |
| | ☐ Yes | | | | | |
| | | | | | | dn. |
| | | | | Last 4 digits of account number | | • |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | | |
| | Number Street | | | As of the date you file, the claim is: 0 | Check all that apply. | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt2 Obests are | | | Unliquidated | | |
| | Who incurred the debt? Check or | ne, | | ☐ Disputed | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured c | łaim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and a | nother | | Obligations arising out of a separation | accement or divorce that | |
| | Check if this claim is for a co | mmunity debt | | you did not report as priority claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plan | is, and other similar debts | |
| | No | | | Other. Specify | | |
| | U No D Yes | | | | | |
| 1 | u res | | | | | |

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Diversified Consultants | | 100 | On which entry in Part 1 or Part 2 did you list the original creditor? |
|-------------------------|-------------|-------------------|---|
| P.O. Box 551268 | | | |
| Number Street | | | Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Jacksonville City | FL State | 32255 ZIP Code | Last 4 digits of account number 3 5 2 2 |
| Credit Corp Solution | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 180 W Election Road | | | |
| Number Street | | | Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Draper City | UT State | 84020 ZIP Code | Last 4 digits of account number 7 6 9 9 |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | ···· | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| City | State | ZIP Code | Last 4 digits of account number |
| | | | |

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|--------------|---|-----|----------------|
| Total claims | 6a. Domestic support obligations | 6a. | · \$ |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ |
| | 6e. Total. Add lines 6a through 6d. | 6e. | s0.00 |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | \$ |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ 12,396.08 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | 12 396 08 |

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| Fill in this in | nformation to ide | entify your case: Ben | Yehudah | |
|--------------------|---------------------|--------------------------------|-------------|--------------------|
| Debioi | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse If filing) | First Name | Middle Name | Last Name | |
| United States (| Bankruptcy Court fo | or the: Northern District of I | linois | |
| Case number | | | | |
| (If known) | | | | ☐ Check if this is |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for Darryl Williams Rent 8243 S Clyde Number Chicago 60617 State T Mobile Customers Relations Cell phone P.O. Box 37380 Number Albuquerque NM 87176 State ZIP Code 23 Name Number City ZIP Code 2.4 Name Number City ZIP Code 2.5 Name Number Street City State ZIP Code

Ben

Case number (if known)_

Last Name

Additional Page if You Have More Contracts or Leases

What the contract or lease is for

| Pers | on or | company | with whom yo | u have the con | tract or lease |
|---------|---|---------|---|---|---|
| Name | | | | *************************************** | |
| IVAITIE | 5 | | | | |
| Numi | ber | Street | | | |
| City | | **** | State | ZIP Code | *************************************** |
| Name | | | | | |
| | | | | | |
| Numb | er | Street | | | |
| City | h-11 | | State | ZIP Code | |
| | | | | | |
| Name |) | | | | |
| Numb | er | Street | *************************************** | 447-71-4-4 | |
| City | | | State | ZIP Code | |
| | | | | | |
| Name | | | *************************************** | , , , , , , , , , , , , , , , , , , , | |
| Numb | er | Street | *************************************** | | |
| City | | | State | ZIP Code | |
| | | | | | |
| Name | | | | | |
| Numbe | er | Street | ····· | | |
| City | | | State | ZIP Code | |
| | | | | | |
| Vame | | | | | |
| lumbe | ∋r | Street | | | |
| City | | | State | ZiP Code | |
| | | | | | |
| łame | *************************************** | | | *************************************** | |
| lumbe | r | Street | | | |
| City | | | State | ZIP Code | |
| | | | | | |
| lame | | | | | |
| lumbe | ۱۲ | Street | | | |
| | | | | | |

| à. | Case 18-22154 | | led 08/07/18 | Entered 08/07/18 12:17:14 | 1 Desc Main |
|-------------------------|--|--|--|--|------------------------------------|
| Fill in th | nis information to identify y | | Document | Page 33 of 54 | |
| National Jacobsky | A STATE OF THE STA | And Company of the Party of the | | 04 V8 26 X8 4 | |
| Debtor 1 | Ariel First Name | Ben Middle Name | Yehudah Last Name | | |
| Debtor 2 | f filing) First Name | | | | |
| 1 | | Middle Name | Last Name | | |
| _ | ates Bankruptcy Court for the: N | ortnem District of II | inois | | |
| Case nun (if known) | | | ~~~~ | | |
| | | | | | Check if this is an amended filing |
| Officia | al Form 106H | | | | dirionada ming |
| | edule H: Your | ^ | | | |
| | | | | have. Be as complete and accurate as po | 12/15 |
| 2. Within Arizon | es n the last 8 years, have you na, California, Idaho, Louisia o. Go to line 3. es. Did your spouse, former s | I lived in a communa, Nevada, New Mapouse, or legal equate or territory did y | inity property state of lexico, Puerto Rico, T nivalent live with you a you live? | or territory? (Community property states and exas, Washington, and Wisconsin.) | |
| Sched Sched Colur | n in line 2 again as a codeb dule D (Official Form 106D), dule E/F, or Schedule G to f mn 1: Your codebtor | tor only if that per Schedule E/F (Off | SON is a quarantor o | codebtor if your spouse is filing with you, or cosigner. Make sure you have listed the cor Schedule G (Official Form 106G). Use Schedule G (Column 2: The creditor to vertical schedules that applications of the control of the contro | creditor on the debt oply: |
| Name | • | | | Schedule E/F, line | |
| Numb | er Street | | | ☐ Schedule G, line | |
| City | | State | ZII | P Code | _ |
| 3.2 | | | | | |
| Name | : | | | Schedule D, line | |
| Numb | er Street | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | ntur |
| City | | State | ZiF | Code | |
| Name | | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| Numbe | er Street | | | ☐ Schedule G, line | |
| City | | State | ZIP | Code | |

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Debtor 1

Ariel First Name

| Additional | Page | to List | More | Codebto |
|----------------|------|---------|------|---------|

| | Column 1: Your | codebtor | | Column 2: The creditor to whom you owe the debt |
|----------|-----------------|----------|--|---|
| 3 |] | | | Check all schedules that apply: |
| <u> </u> | J Name | | | ☐ Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| | Number Stree | et . | 701.1 | ☐ Schedule G, line |
| | | | | |
| 3 | City | State | ZIP Code | |
| Ľ- | Name | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | Number Stree | t | | ☐ Schedule G, line |
| | | | | |
| | City | State | ZIP Code | |
| 3 | | | | Cabadida D. Bur |
| | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line |
| | Number Stree | | | ☐ Schedule G, line |
| | | • | | Coneduce of time |
| | City | State | ZIP Code | |
| 3 | | | | |
| | Name | | | ☐ Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| | Number Street | | White the second | ☐ Schedule G, line |
| | City | | | |
| 3 | Ony | State | ZIP Code | |
| لتبا | Name | | | ☐ Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| | Number Street | | ************************************** | ☐ Schedule G, line |
| | | | | |
| | City | State | ZIP Code | |
| 3 | | | | ☐ Schedule D, line |
| | Name | | | Schedule E/F, line |
| | Number Street | | | ☐ Schedule G, line |
| | | | | MAPA-sub-ryanisma. Ann. |
| | City | State | ZIP Code | |
| 3 | | | | Charles D. F. |
| | Name | | | □ Schedule D, line |
| | Number Street | | White the state of | ☐ Schedule G, line |
| | , and a control | | | OUTGUISE O, TIME |
| | City | State | ZIP Code | |
| 3 | | | | |
| | Name | | | Schedule D, line |
| | *** | | | Schedule E/F, line |
| | Number Street | | | ☐ Schedule G, line |
| | City | State | Z!P Code | |
| | | | <u> </u> | |

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| Fill in this info | rmation to identify | your case: | | | | |
|---|--|--|-------------------------------------|---------------------|--|---|
| i incocor i | riel | Ben Middle Name | Yehudah | | | |
| Debtor 2 (Spouse, if filing) Fir | | Middle Name | Last Name | | | |
| 1 | | Northern District of Illinois | Last Name | - | | |
| Case number | 4-7111-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | | Check it | f this is: |
| (If known) | | | | | | amended filing |
| | | | | | 🔲 A su | pplement showing postpetition chapter 13 me as of the following date: |
| Official Forn | | - | | | | DD / YYYY |
| Schedu | le I: You | ır Income | | | | 12/15 |
| If you are separa separate sheet to | ted and your sooi | ise is not filing with you top of any additional pa | ning jointly, and) | your spouse is i | iving with | otor 2), both are equally responsible for n you, include information about your spouse nouse. If more space is needed, attach a f known). Answer every question. |
| Fill in your en information. | ployment | | Debtor 1 | | | Debtor 2 or non-filing spouse |
| If you have mo attach a sepan information ab- employers. | | Employment status | ☐ Employed ☑ Not emplo | | | ☐ Employed ☐ Not employed |
| Include part-tin self-employed | ne, seasonal, or work. | | • | • | | — Not on played |
| Occupation ma or homemaker | y include student , if it applies. | Occupation | | | | |
| | | Employer's name | | | | |
| | | Employer's address | | | | |
| | | | Number Street | | **** | Number Street |
| | | | | | ************************************** | |
| | | | **** | | | |
| | | | City | State ZIP Co | de | City State ZIP Code |
| | | How long employed the | ere? | <u>.</u> | | |
| Part 2: Give | Details About | Monthly Income | | | | |
| Estimate mont spouse unless y | hiy income as of t | he date you file this for | m. If you have noth | ing to report for a | any line, w | rite \$0 in the space. Include your non-filing |
| if you or your no below. If you ne | on-filing spouse hav ed more space, att | ve more than one employed ach a separate sheet to the | er, combine the info nis form. | ormation for all e | mployers f | or that person on the lines |
| | | | | For Do | ebtor 1 | For Debtor 2 or non-filing spouse |
| List monthly g deductions). If | ross wages, salar not paid monthly, c | ry, and commissions (be alculate what the monthly | efore all payroll wage would be. | 2. \$ | | \$ |
| 3. Estimate and | list monthly overti | ime pay. | | 3. +\$ | | + \$ |
| 4. Calculate gros | s income. Add line | e 2 + line 3. | | 4. \$ | | \$ |

Official Form 106I

Schedule I: Your Income

Case 18-22154 Doc 1 Filed 08/07/18 Entered 08/07/18 12:17:14 Desc Main Doçument Page 36 of 54 Ariel Ben Debtor 1 Case number (# known) First Name Michite Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here..... 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e. 5f. Domestic support obligations 5f. 5g. Union dues 5g 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 8d. Unemployment compensation 8d. 8e. Social Security 8e. 1,318.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 8g. Pension or retirement income 1,184.00 8g. 8h. Other monthly income. Specify: 8h. 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 2,502.00 10. Calculate monthly income. Add line 7 + line 9. 2,502.00 2,502.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify:

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

2,502.00 Combined

monthly income

12.

0.00

13. Do you expect an increase or decrease within the year after you file this form?

| A | No. | |
|---|---------------|--|
| | Yes. Explain: | |
| | | |

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| Fill in thi | s information to identify | your case: | | | | | |
|-------------------------|--|-------------------------|-------------------------|-------------------------|---|---|---------------------|
| Debtor 1 | Ariel | Ben | Yehuda | h Ch | eck if this is: | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | et: | |
| | ling) First Name | Middle Name | Last Name | 1 | An amended A supplemen | _ | petition chapter 13 |
| United Stat | es Bankruptcy Court for the: | Northern District of II | linois | | • • | of the following | |
| Case numb (If known) | Def | wheelessheete. | | | MM / DD / YYY | Ÿ | |
| Officia | l Form 106J | | | | | | |
| Sche | dule J: Yo | ur Expen | ses | | | | 12/15 |
| information | plete and accurate as pondered in the poor of the poor | ed, attach another s | | | | | |
| 1. Is this a | ioint case? | | · | | | | |
| 2 No. ⋅ | Go to line 2. Does Debtor 2 live in a s | eparate household | ? | | | | |
| | No Yes. Debtor 2 must file | e Official Form 106J- | 2, Expenses for S | eparate Household of De | ebtor 2. | | |
| 2. Do you h | ave dependents? | ☐ No | | Dependent's relationshi | n to | Dependent's | Does dependent live |
| Do not lis Debtor 2. | t Debtor 1 and | | s information for nt | Debtor 1 or Debtor 2 | μιο | age | with you? |
| Do not st names. | ate the dependents' | | | daughter | | 22 | ☐ No ☑ Yes |
| | | | | son | | 20 | ☐ No ☑ Yes |
| | | | | | | | ☐ No |
| | | | | | | | Yes |
| | | | | | 2000,000,000,000,000,000,000,000,000,00 | | U No □ Yes |
| | | | | | | | □ No |
| | | | | | | *************************************** | ☐ Yes |
| expense | expenses include s of people other than and your dependents? | ☑ No ☐ Yes | | | | | |
| Part 2: | Estimate Your Ongoin | ng Monthly Expe | ıses | | | | |
| | our expenses as of your s of a date after the band date. | | - | - | | • | • |
| | enses paid for with non- ance and have included | _ | - | | | Your exper | nses |
| | tal or home ownership ea | xpenses for your re | sidence. Include | first mortgage payments | and 4. | \$ | 950.00 |
| If not in | cluded in line 4: | | | | | | |
| 4a. Re | al estate taxes | | | | 4a. | \$ | 0.00 |
| 4b. Pro | pperty, homeowner's, or re | enter's insurance | | | 4b. | \$ | 0.00 |
| | me maintenance, repair, a | | 3 | | 4c. | \$ | |
| 4d. Ho | meowner's association or | condominium dues | | | 4 d. | \$ | 0.00 |

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Debtor 1 Ariel Ben Yehudah Case number (# known)

| | | | Your exper | ses |
|-----|---|------------|------------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| | Utilities: | J . | | |
| • | 6a. Electricity, heat, natural gas | 6a. | \$ | 350.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | |
| | 6c. Telephone, cell phone, internet, satellite, and cable services | 6c. | \$ | |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | | 7. | \$ | |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | |
| 10. | Personal care products and services | 10. | \$ | 05.00 |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 150.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b, | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | |
| | 15d. Other insurance. Specify: | 15d. | \$ | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | ıe. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

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Yehudah Debtor 1 Case number (if known)_ Other. Specify: ___ 0.00 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 2,350.00 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 2,350.00 23. Calculate your monthly net income. 2,502.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. 23b. Copy your monthly expenses from line 22c above. 23b. 2,350.00 23c. Subtract your monthly expenses from your monthly income. 152.00 The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

Mo.

Yes.

Explain here:

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Document Page 40 of 54 Fill in this information to identify your case: Ariel Yehudah Debtor 1 Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: ____Northern District of Illinois (if known) Check if this is an amended filing Official Form 106Dec **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? M No Yes. Name of person_ . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X July John X
Signature of Debtor 1

Date 807 2018

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| Debtor 1 | | dentify your case: | | | |
|------------------------|--|-------------------------------|--|---|--|
| | Ariel | Ben | Yehudah | | |
| Debtor 2 | | Middle Name | Last Name | | |
| | filing) First Name | Middle Name | Last Name | | |
| | -t | for the: Northern District of | | | |
| (If known) | nber | | ************************************** | | ☐ Check if this is an |
| | | | | · · · · · · · · · · · · · · · · · · · | amended filing |
| | | | | | |
| Officia | al Form 107 | | | | |
| State | ment of F | _ inancial Affai | irs for Indiv | iduals Filing for Bar | |
| | | | | g together, both are equally responsi | |
| HOLLIGHT | m. ii more space i | s needed, attach a sebai | rate sheet to this fo | g together, both are equally responsi rm. On the top of any additional page: | ble for supplying correct s, write your name and case |
| umber (i | f known). Answer e | every question. | | • | • |
| Part 1: | Give Details A | bout Your Marital Sta | atus and Whorn Y | on I wad Defer | |
| | | | atus and Wijere 1 | ou Liveu before | |
| 1. What | is your current ma | rital status? | | | |
| □м | arried | | | | |
| ⊠ N∈ | ot married | | | | |
| | | | | | |
| _ | | | | | |
| 2. During | g the last 3 years, i | have you lived anywhere | other than where y | ou live now? | |
| ₩ No | 3 | | | | |
| ☐ Ye | o es. List all of the plac | have you lived anywhere | years. Do not include | | |
| ☐ Ye | 3 | | | | Dates Debtor 2 |
| ☐ Ye | o es. List all of the plac | | years. Do not include Dates Debtor 1 | e where you live now. | Dates Debtor 2 lived there |
| ☐ Ye | o es. List all of the plac | | years. Do not include Dates Debtor 1 | e where you live now. | |
| IJ Ź No □ Ye | o es. List all of the plac Debtor 1: | | years. Do not include Dates Debtor 1 | Debtor 2: Same as Debtor 1 | lived there Same as Debtor 1 |
| IJ Ź No □ Ye | o es. List all of the plac | | years. Do not include Dates Debtor 1 lived there | where you live now. Debtor 2: | lived there |
| IJ Ź No □ Ye | o es. List all of the plac Debtor 1: | | pears. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 | lived there Same as Debtor 1 From |
| ¥ No. | Debtor 1: Number Street | ces you lived in the last 3 | pears. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | lived there Same as Debtor 1 From To |
| ¥ No. | o es. List all of the plac Debtor 1: | | pears. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 | lived there Same as Debtor 1 From To |
| ¥ No. | Debtor 1: Number Street | ces you lived in the last 3 | pears. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | lived there Same as Debtor 1 From To |
| ₹ NA | Debtor 1; Number Street | ces you lived in the last 3 | pears. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street City State Zi | Same as Debtor 1 From To P Code Same as Debtor 1 |
| ₹ NA | Debtor 1: Number Street | ces you lived in the last 3 | pears. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City State Zi | Ilived there Same as Debtor 1 From To P Code Same as Debtor 1 From |
| ₹ NA | Debtor 1; Number Street | ces you lived in the last 3 | pears. Do not include Dates Debtor 1 lived there From To From | Debtor 2: Same as Debtor 1 Number Street City State Zi | Ilived there Same as Debtor 1 From To P Code Same as Debtor 1 |
| ₹ NA | Debtor 1; Number Street | ces you lived in the last 3 | pears. Do not include Dates Debtor 1 lived there From To From | Debtor 2: Same as Debtor 1 Number Street City State Zi | Ilived there Same as Debtor 1 From To P Code Same as Debtor 1 From |

Part 2: Explain the Sources of Your Income

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Yehudah

| First Name Middle Name | Yenudar Last Name | Case i | number (if known) | |
|--|--|--|--|--|
| | | | | |
| Did you have any income from employn Filt in the total amount of income you receil f you are filing a joint case and you have in No Yes. Fill in the details. | ved from all jobs and all bu | Isinesses including part. | time activities | lendar years? |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions ar exclusions) |
| From January 1 of current year unti the date you filed for bankruptcy: | Wages, commissions bonuses, tips | s. \$ | Wages, commissions, bonuses, tips | \$ |
| | Operating a business | 5 | Operating a business | |
| For last calendar year: | Wages, commissions | k. | ☐ Wages, commissions, | |
| (January 1 to December 31, 2016 | bonuses, tips _) Operating a business | \$ S | bonuses, tips Operating a business | \$ |
| For the calendar year before that: | Wages, commissions | , | ☐ Wages, commissions, | |
| (January 1 to December 31, 2015 | bonuses, tips D Operating a business | \$ | bonuses, tips Operating a business | \$ |
| gambling and lottery winnings. If you are filir List each source and the gross income from No Yes. Fill in the details. | each source separately. D | o not include income tha | t you listed in line 4. | o and a popular. |
| Took I in all the details. | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until | Social Security | \$8,636.00 | | œ. |
| the date you filed for bankruptcy: | Pension | \$ 8,292.00 | | \$ |
| | | \$ | | |
| For last calendar year: | Social Security | \$_ 14,804.00 | | |
| (January 1 to December 31,2016) | Pension | \$ 14,215.00 | | Ψ |
| YYYŸ | *************************************** | \$ | | \$ |
| For the calendar year before that: | Social security | \$ 14,804.00 | | r. |
| (January 1 to December 31, 2015) | D | 14,215.00 | | \$ |
| YYYY | | | 100 | \$ |

Debtor 1

5.

Ben

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Document Page 43 of 54 Ariel Debtor 1 Ben Yehudah Case number (if known)_ First Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? □ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment Creditor's Name ☐ Mortgage Car Car Number Street Credit card Loan repayment ☐ Suppliers or vendors City ZIP Code Other ☐ Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Other ___ ZIP Code

Creditor's Name

Number Street

State

7IP Code

City

☐ Mortgage

Credit card Loan repayment Suppliers or vendors

Other ____

Car Car

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| agent, including one | for a business you | | | | | who was an insider? nich you are a general partner; ng securities; and any managing for domestic support obligations |
|--|---|---------------|-----------------------|----------------------|-------------------------|---|
| | t and alimony. | -porato do d | oole proprietor | . 11 U.S.C. 9 IUI. | . Include payments | for domestic support obligations |
| ☑ No ☑ Yes. List all paym | nents to an insider. | | | | | |
| . , | | | Dates of payment | Total amount paid | Amount you sti | Reason for this payment |
| Insider's Name | | | - | \$ | \$ | |
| most 3 Haile | | | | | | • |
| Number Street | | | | | | |
| City | State | ZIP Code | | | | |
| · | State | ZIF COQE | | c r | | |
| Insider's Name | | | | \$ | \$ | |
| Number Street | ···· | | | | | |
| | | | | | | |
| | | | | | | |
| City | | ZIP Code | nii make any n | | 6 | |
| ithin 1 year before y i insider? clude payments on d | ou filed for bankru | uptcy, did yo | | Total amount paid | Amount you still owe | n account of a debt that beneficially account of a debt that beneficially account of a debt that beneficially account that a debt that beneficially account that a debt that beneficially account to the account of a debt that beneficially account to the account of a debt that beneficially account to the account of a debt that beneficially account to the account of a debt that beneficially |
| thin 1 year before y insider? clude payments on d | ou filed for bankru | uptcy, did yo | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| thin 1 year before y insider? clude payments on di No Yes. List all paymen | ou filed for bankru | uptcy, did yo | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| thin 1 year before y insider? clude payments on do No Yes. List all payments insider's Name | rou filed for bankru lebts guaranteed or ints that benefited ar | uptcy, did yo | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| thin 1 year before y insider? Clude payments on do No Yes. List all payments Insider's Name | rou filed for bankru lebts guaranteed or ints that benefited ar | uptcy, did yo | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| ithin 1 year before yn insider? clude payments on de No Yes. List all payment Insider's Name | rou filed for bankru lebts guaranteed or ints that benefited ar | uptcy, did yo | an insider. Dates of | Total amount paid | Amount you still owe | |

City

Debtor 1

ZIP Code

State

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| tor 1 | Ariel | Ben ddle Name Last Name | Yehudah | Case number (if kno | DIAM) | |
|--------|-----------------------------|---------------------------------------|-----------------------------------|---|---------------------------------------|--------------------------------------|
| | | Last Name | | | | |
| irt 4: | Identify Legal | Actions, Renoscoc | sions, and Foreclosure | | | |
| Withir | n 1 year before vo | u filed for bankruptcy | Were you a porty in any l | *- | | |
| | | uding personal injury cas | es, small claims actions, d | wsuit, court action, or adn livorces, collection suits, pate | ninistrative pro- emity actions su | ceeding? Doot or custody modifica |
| | | | | ,,, | , | pport of custody modifica |
| No |) s. Fill in the details | | | | | |
| | s. Fill in the details | | | | | |
| | | Na | ture of the case | Court or agency | | Status of the case |
| Cı | ase title | | | | | |
| | | | | Court Name | | Pending |
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| | Fill in the informat | | Describe the property | | <u>.</u> | |
| | | | and property | | Date | Value of the property |
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| | Number Street | | Explain what happened | 1 | | |
| | | | | | | |
| | | | Property was rep Property was for | | | |
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| ō | City | State ZIP Code | Property was garn | | | |
| | | | | ched, seized, or levied. | | |

Ariel Debtor 1 Ben Yehudah Case number (if known)_ 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☑ No Yes. Fill in the details. Describe the action the creditor took Date action Amount was taken Creditor's Name Number Street Last 4 digits of account number: XXXX-_____ State ZIP Code 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ No ☐ Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave per person the aifts Person to Whom You Gave the Gift Number Street State ZIP Code Person's relationship to you _

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| | Ariel First Name | Ben Middle Name | Yehudah Last Name | Case number (# known) | V4. |
|--|--|---|--|--|-----------------------------------|
| | | | | | |
| 14. Wit | hin 2 years befo | ore you filed for bank | ruptcy, did you give any gifts or contril | butions with a total value of more that | n \$600 to any charity? |
| N | No | | | | the second characters. |
| | Yes. Fill in the d | letails for each gift or co | ontribution. | | |
| | | utions to charities | Describe what you contributed | Data you | Malaa |
| | that total more t | than \$600 | • | Date you contributed | Value |
| | | | | | |
| | Charity's Name | | | *************************************** | \$ |
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| • | | | ******* | *************************************** | \$ |
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| | | | | | |
| Part 6: | List Certa | ain Losses | | | |
| ☐ Y | es. Fill in the de | tails. | | | |
| | | perty you lost and | Describe any insurance coverage for the Include the amount that insurance has paid claims on line 33 of Schedule A/B: Propen | id List pending incurred | Value of property lost |
| | Describe the prop | perty you lost and | Include the amount that insurance has not | id List pending incurred | |
| | Describe the prop | perty you lost and | Include the amount that insurance has not | id List pending incurred | |
| | Describe the prop how the loss occi | perty you lost and urred | Include the amount that insurance has pai claims on line 33 of Schedule A/B: Proper | id List pending incurred | |
| art 7: | Describe the prophow the loss occi | perty you lost and urred n Payments or Tran | Include the amount that insurance has pai claims on line 33 of Schedule A/B: Proper the state of the state of | id. List pending insurance loss ty. | lost |
| art 7; 6. Withi | Describe the prophow the loss occi- List Certain 1 year before | perty you lost and urred Payments or Trar you filed for bankrup t seeking bankruptcy | Include the amount that insurance has paid claims on line 33 of Schedule A/B: Proper lines. Insters | id. List pending insurance loss by. Your behalf pay or transfer any proper | lost |
| art 7: 5. Withi you c | List Certain 1 year before consulted about the any attorneys, | perty you lost and urred Payments or Trar you filed for bankrup t seeking bankruptcy | Include the amount that insurance has paid claims on line 33 of Schedule A/B: Proper line in the state of the | id. List pending insurance loss by. Your behalf pay or transfer any proper | lost |
| art 7: 5. Withing you of Included | List Certain n 1 year before consulted about the any attorneys, | perty you lost and urred Payments or Trar you filed for bankrup t seeking bankruptcy , bankruptcy petition pr | Include the amount that insurance has paid claims on line 33 of Schedule A/B: Proper lines. Insters | id. List pending insurance loss by. Your behalf pay or transfer any proper | lost |
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Ariel Debtor 1 Ben Yehudah Case number (if known) First Name Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. M No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street State ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ₩ No Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer transferred or debts paid in exchange was made Person Who Received Transfer Number Street State ZIP Code Person's relationship to you _ Person Who Received Transfer Number Street City ZIP Code Person's relationship to you

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City

Number Street

State

ZIP Code

ZIP Code

Number Street

City

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Page 52 of 54 Document Ariel Ben Debtor 1 Yehudah Case number (if known) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? M No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? ☐ No Name of Storage Facility Name Yes Number Street Street City State ZIP Code City State ZIP Code Part 9: **Identify Property You Hold or Control for Someone Else** 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. M No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street Number Street City State ZIP Code ZIP Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? M No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZiP Code City ZIP Code

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City

Business Name

Number Street

State

ZIP Code

Name of accountant or bookkeeper

Employer Identification number

From _____ To ____

Dates business existed

Do not include Social Security number or iTIN.

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| | | *************************************** | | Describe the nature of the | business | | imployer Identification o not include Social | on number Security number or ITII |
| | Business Name | | | | | £ | in: | |
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| nsti Zi N | tutions, creditors | i, or other _l | parties. | cy, did you give a financia | il statement to a | nyone abou | t your business? I | nclude all financial |
| | | | | Date issued | | | | |
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